

Personnel Action Manual

## Section 3

# Separation Transactions

Rev. 06/2022



# State Controller's Office

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## SEPARATION TRANSACTION CODES – REQUIRED/CONDITIONAL INDEX

### Section 3.200 (Revised 11/04)

See PAM page 2.209.1 for inactive/redefined transaction codes.

Code	Title/Description	PAM Section
S01	Resignations Voluntary – From any appointment. Also includes voluntary resignation while on leave of absence and separation of permanent intermittent employee who did not report to work after being requested to report three times or was in non-pay status for one year.	3.204
S02	Resignations * Layoff Situation or In Lieu of Involuntary Transfer	3.206
S03	Resignations * In Lieu of Military Leave	3.208
S04	Resignations * Failure to Meet Conditions of Employment	3.210
S05	Resignations 1. For employee moving to, from or between exempt positions when lump sum vacation is to be paid. 2. For current PERS member moving to an exempt position covered under a different retirement system. 3. For employee being appointed or employed by the Legislature (House or Legislative Committee). 4. For employee accepting CSU exempt appointment. 5. Do not use for employee accepting employment with California Conservation Corps.	3.212
S20	Resignations ** Voluntary under Unfavorable Circumstances – Pursuant to a stipulated agreement resulting from an appeals process. This code should be used <i>only</i> in those cases where the employee has entered into a stipulated agreement (approved by the State Personnel Board) with the appointing power to voluntarily resign “with fault.”	3.214
S21	Resignations * AWOL – Automatic resignation as a result of an absence without approved leave for five consecutive working days.	3.216
S30	Termination Without Fault Layoff Situation (Reduction in Force)	3.218

\* For separation of Civil Service employee only

\*\* For actions occurring after 02/02/89

Code	Title/Description	PAM Section
S31	Termination Without Fault 1. No Layoff Situation Includes termination of TAU, LT, Emergency, Exempt and Retired Annuitant appointments, or for CEA who does not wish to exercise right of return. 2. *** Termination From Immediate Pay Appointment	3.220  3.221.1
S32	Termination Without Fault * Medical Reasons	3.222
S33	Termination Without Fault * Displacement When employee is separated because another employee exercised his/her right of return. Becomes effective after reemployment list eligibility expires (after 5 years).	3.224
S40	Termination With Fault (No Layoff Situation) Includes termination of TAU, LT, Emergency, CEA, Exempt and Retired Annuitant appointments.	3.226
S41	Termination With Fault (No Layoff Situation) * Dismissal	3.228
S49	Leave of Absence Non-Industrial Disability Insurance Leave	3.230
S50	Leave of Absence Regular or State Disability Insurance Leave	3.232
S51	Leave of Absence Military – Short Term	3.234
S52	Leave of Absence Military – Long Term	3.236
S53	Leave of Absence Military – Emergency	3.238
S54	Leave of Absence Temporary – 30 days or less under DPA Regulation 599.781 (only when effective immediately after an S49 Transaction).	3.240
S55	Leave of Absence * Special – Technical Cooperation Program, Peace Corps, VISTA (Per G.C. 19991.2); Veterans Education (Per G.C. 19991.9); Civilian War Work, U.S. Merchant Marine, Full Time Duty with American Red Cross, Military Substitution Service (Per G.C. 19991.8).	3.242
S56	Leave of Absence * Special – Job Incurred Injury or Illness	3.244

\*\*\* Formerly “One Document Method” Appointment

\* For separation of Civil Service employee only

Code	Title/Description	PAM Section
S57	Temporary Off Payroll 1. Pending Investigation of Injury or Illness 2. Involuntary Leave Pending Disability Retirement	3.246
S70	Retirement Service – Voluntary or Compulsory	3.248
S71	Retirement Disability	3.250
S80	Other * Termination – Illegal Appointment (Per G.C. 19257 or G.C. 19257.5 – Initiated by Personnel Operations only)	3.252
S85	Other * Adverse Suspension	3.254
S90	Other * Rejection During Probationary Period	3.256
S95	Other Death	3.258
S99	Other Cancellation of Appointment	3.260

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\* For separation of Civil Service employee only

# S01

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>				
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>				
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
		105	110	111	120	121	122	123	124	126	130	135	140	142			
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS	EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
		205	210	215	*3				351								
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356			
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
		405	410	415	416	425	426	430		435			440	445	450	455	
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE		
		505	510	515	520	525	530	535	540	545	550	555	560	565	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.			
		*2	603	605 MM/YY	606 DMS HRS HDTH	607 DMS HRS HDTH	615	620 DMS HRS HDTH	625 DMS HRS HDTH	630	635	636	645	655			
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH DD YY HH DD YY	HOURS HDTH	715 MM/YY	720	*1	*1	725	726	730	735

- \*1 Items 725 – 740 cannot have an entry when reporting separation of exempt employee.
- \*2 Optional when reporting separation of exempt employee.
- \*3 Required when employee’s work schedule is other than normal (i.e., 4-10-40 or ½ Time = 8 hours a day for 2 weeks per month).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

857 – Emergency Qualifying Time  
869\* – Reemployment List Eligibility Date  
871 – Right of Return Designation  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952\*\* – Case No. and Date of Action  
957 – Other Eligibility Substantiation  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)
2. S01 resignation while on leave of absence

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\* Refer to PAM Section 5.76 for documentation instructions

\*\* Items 869, 952 and 962 cannot have an entry when reporting separation for an exempt employee

Section 3.206: RESIGNATION WITHOUT FAULT LAYOFF SITUATION OR IN LIEU OF INVOLUNTARY TRANSFER (Revised 06/22)

# S02

													005 SEQUENCE NUMBER ○ OF ○			
													010 DOCUMENT PROCESSING NUMBER ○			
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CB ID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210 ○		215 ○				IND	ID	IND	ID	IND	ID	IND	ID
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565		
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.		
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

869\* – Reemployment List Eligibility Date  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

# S03

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>		
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>		
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CB ID	
		105	110	111	AGENCY	UNIT	CLASS	SERIAL	124	126	130	135	140	142	
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS						
		205	210		215				IND	ID	IND	ID	IND	ID	IND
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356	
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416	425	426	430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NOR CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	565
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.	
		603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645		655	
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	HOURS HDTH	715 MM/YY	720	725	726	730	735	740

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

872 – Salary Increase Certification

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962\* - Separation Pay At Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S03

Section 3.210: RESIGNATION WITHOUT FAULT FAILURE TO MEET CONDITIONS OF EMPLOYMENT (Revised 06/22)

**S04**

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>								
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>								
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
	105	110	111	120	121	122	123	124	126	130	135	140	142								
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
	205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID			
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356								
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416	425	426	430	435	440	445	450	455									
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
	505	510	515	520	525	530	535	540	545	550	555	560	565								
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	UNIT	SERIAL	LUMP SUM	SEPARATION EXPIRATION DATE		HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
	603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636	645	655	
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG							
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740					

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

872 – Salary Increase Certification

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962\* - Separation Pay At Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S04

# S05

- Use for employee moving to exempt position or from exempt position to civil service and lump sum vacation is to be paid\*1 (this occurs when vacation accrual rate is higher in losing position than in gaining position); or
- Use for current PERS Member moving to exempt position covered under a different retirement system; or
- Use for employee being appointed or employed by the Legislature (House or Legislative Committees.) These Legislative employees are not paid under the Uniform State Payroll System; or
- Use for employee accepting a CSU Exempt Appointment; or
- DO NOT USE for employee accepting employment with California Conservation Corps. (CCC) (Use other appropriate separation code.)

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>											
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>											
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID							
	105	110	111			AGENCY	UNIT	CLASS	SERIAL	120	121	122	123	124	126	130	135	140	142					
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS														
	205	210			215				IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID				
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE							
	306	310		315	320		325	MM/DD/YY		330	335	340	345	350	355	356								
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT DATE	EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	HCR APPROVAL CODE		FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE					
	405	410	415	416	425	426	430			430		435	435		440	445	450	455	455					
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE							
	505	510	515	520	525	530	535	540	545	550		555		560	565		565							
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.							
	603	605	606	DAS	HRS	HDTH	607	DAS	HRS	HDTH	615	(S)	620	DAS	HRS	HDTH	625	DAS	HRS	HDTH	630	635	636	645
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG										
	705	HOS	HOURS	AS OF	1) / / THRU / / / /						715	MM/YY	720	725	726	730	735	740						

\*1 When no lump sum vacation is to be paid, see page 5.40.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

871 – Right of Return Designation (Required)  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962\* - Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.214: VOLUNTARY RESIGNATION UNDER UNFAVORABLE CIRCUMSTANCES PURSUANT TO A STIPULATED AGREEMENT FROM AN APPEALS PROCESS\* (Revised 06/22)

# S20

- Use only when the employee has entered into a stipulated agreement (approved by the State Personnel Board) with the appointing power to voluntarily resign "with fault."

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>					
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>					
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID				
		105	110	111	120	121	122	123	124	126	130	135	140	142				
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
		205	210		215				IND	ID	IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356				
4	TO	TIME BASE	APPT TENURE	#NOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416		425	426	430			435			440	445	450	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE	
		505	510	515	520	525	530	535	540	545	550	555	560		565		565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
		603	605 MM/YY	606 DAS HRS HDTH		607 DAS HRS HDTH		615	620 DAS HRS HDTH		625 DAS HRS HDTH		630	635	636	645		655
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
		MOS	HOURS	AS OF	1) / / THRU / /				715 MM/YY	720	725	726		730		735 740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

\* For actions occurring after 02/02/89

**Lines 8 – 9 Items**

857 – Emergency Qualifying Time

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay At Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S20 for Civil Service employee

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.216: AWOL – AUTOMATIC RESIGNATION AS A RESULT OF AN ABSENCE WITHOUT APPROVED LEAVE FOR FIVE CONSECUTIVE WORKING DAYS (Revised 06/22)

# S21

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE			
	105	110	111			120	121	122	123	124	126	130	135	140	145					
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215			IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID			
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	306	310	315	320	325	MM/DD/YY		330	335	340	345	350	355	356						
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416		425	426	430		435					440	445	450	455		
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE		JOB INCURRED INJURY				
	505	510	515	520		525	530	535		540	545	550	555		560	565	565			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.			
	603	605 MM/YY	606 DAB	HRS	HDTH	607 DAB	HRS	HDTH	615	620 DAB	HRS	HDTH	625 DAB	HRS	HDTH	630	635	636	645	655
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG								
	MOS	HOURS	AS OF		1) / / THRU / /				715 MM/YY	720	725	726	730	735	740					
	705		MM/DD/YY		710 MM DD YY MM DD YY HOURS HDTH															

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S21

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.218: TERMINATION WITHOUT FAULT LAYOFF SITUATION (REDUCTION IN FORCE)  
(Revised 06/22)

# S30

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>						
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE	
	105	110	111			120	121	122	123	124	126	130	135	140	145				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215			351				ID	ID	ID	ID	ID	ID	ID	ID	ID	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320	325		MM/DD/YY		330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416		425	426	430		435	440	445	450	455					
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE		JOB INCURRED INJURY			
	505	510	515	520		525	530	535		540	545	550	555		560		565		
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
	603	605 MM/YY	606 DAE	HRS	HDTH	607 DAE	HRS	HDTH	615	620 DAE	HRS	HDTH	625 DAE	HRS	HDTH	630	635	636	645
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	1) / / THRU / /		2) / / THRU / /		3) / / THRU / /		710 MM DD YY	MM/YY	720	*1	*1	735	740			

\*1 Items 725 & 730 are required for civil service only.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

- 869 – Reemployment List Eligibility Date
- 872 – Salary Increase Certification
- 877\* – Lump Sum Payment Deferral
- 952 – Case No. and Date of Action
- 958 – Separation Time To Be Paid Substantiation
- 960 – Corrected Transaction Identifier
- 962 – Separation Pay At Alternate Salary Rate
- 999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

# S31

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>						
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	ARRIV DATE	
	105	110	111			120	121	122	123	124	126	130	135	140	145				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215			351				IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306	310	315	320	325		MM/DD/YY		330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416		425	426	430		435		440	445	450	455				
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE
	505	510	515	520		525	530	535	540	545	550	555		560		565			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIB	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.
	603	605	606	607	615	620	625	630	635	636	645	655							
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	705	710	715	720						725	730	735	740						

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

857 – Emergency Qualification Time  
872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.221.1: TERMINATION WITHOUT FAULT FROM IMMEDIATE PAY APPOINTMENT  
(Revised 06/22)

**S31**

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>																	
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>																	
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE												
	105	110	111	120	121	122	123	124	126	130	135	140	145																	
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																				
	205	210	*1							351	ID	ID	ID	ID	ID	ID	ID	ID												
3	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNT DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATOR DATE			
	306	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356																	
4	TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM		DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416	425	426	430	435	440	445	450	455																		
5	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE			
	505	510	515	520	525	530	535	540	545	550	555	560	565																	
6	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.			
	603	605	606	606	607	607	615	620	625	630	635	636	645	655																
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS								SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG											
	705	710	711	712	1)	2)	3)	710	711	712	713	714	715	716	720	725	730	735	740											

\*1 The effective date must be the date shown in Item 416 on the "Immediate Pay Appointment"

\*2 Entry in Item 606 must be "NON"

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

Lines 8 – 9 Items

- 857 – Emergency Qualification Time
- 906 – Corrected Transaction Identifier

# S32

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>				
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE
	105	110	111	120	121	122	123	124	126	130	135	140	145				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
	205	210	215	351	352												
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430	435	440	445	450	455					
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE			
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INHIBIT	LUMP SUM TO BE PAID (S)	LUMP SUM TO BE PAID (V)	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.			
	603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655					
7	TOTAL STATE SERVICE		INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG							
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY HOURS HDTH	715 MM/YY	720	725	726	730	735	740			

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

- 869 – Reemployment List Eligibility Rate
- 872 – Salary Increase Certification
- 877\* – Lump Sum Payment Deferral
- 952 – Case No. and Date of Action
- 958 – Separation Time To Be Paid Substantiation
- 960 – Corrected Transaction Identifier
- 962 – Separation Pay At Alternate Salary Rate
- 999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S32

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\* Refer to PAM Section 5.76 for documentation instructions

# S33

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>			
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>			
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ARRIV DATE		
		105	110	111	120	121	122	123	124	126	130	135	140	145		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210		215				351	IND	ID	IND	ID	IND	ID	IND
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATOR DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
		405	410	415	416	425	426	430		435			440	445	450	455
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560		565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.		
		603	605 MM/YY	606 DMS HRS HDTH	607 DMS HRS HDTH	615	(S) (V) 620 DMS HRS HDTH	625 DMS HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		705	HOURS	AS OF MM/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	730	735	740	

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

- 869 – Reemployment List Eligibility Rate
- 872 – Salary Increase Certification
- 877\* – Lump Sum Payment Deferral
- 952 – Case No. and Date of Action
- 958 – Separation Time To Be Paid Substantiation
- 960 – Corrected Transaction Identifier
- 962 – Separation Pay At Alternate Salary Rate
- 999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

# S40

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>								
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>								
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE				
	105	110	111	120	121	122	123	124	126	130	135	140	145								
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
	205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID					
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356								
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		HCR APPROVAL FORM		SEX		PRIOR STATE SERVICE	DISABILITY CODE					
	405	410	415	416	425	426	430	435	440	445	450	455									
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE		JOB INCURRED INJURY CODE						
	505	510	515	520	525	530	535	540	545	550	555	560	565	565	565						
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMPROV	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DEED MONTHLY DEED					
	603	605 MM/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636	645	655	
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG								
	HOS	HOURS	AS OF		1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM	DD	YY	MM	DD	YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

857 – Emergency Qualifying Time

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay At Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S40

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\* Refer to PAM Section 5.76 for documentation instructions

# S41

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>			
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>			
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ARRIV DATE		
		105	110	111	AGENCY	UNIT	CLASS	SERIAL	124	126	130	135	140	145		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	210	<input type="radio"/>	215	<input type="radio"/>	IND	ID	IND	ID	IND	ID	IND	ID		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATOR DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY INH/ED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG			
		MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740

\*1 See Section 5 for information on documenting Decision of SPB After Appeal.

An employee employed in more than one position must be separated from all positions using the S41 Transaction. **Appointing powers should coordinate the processing of separations from all positions.**

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

874 – Punitive Action and Rejection Substantiation (Required)

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay At Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. Adverse Actions

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.230: LEAVE OF ABSENCE NON INDUSTRIAL DISABILITY INSURANCE LEAVE  
(Revised 06/22)

# S49

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>							
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>							
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE		
	105	110	111			120	121	122	123	124	126	130	135	140	145					
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205		*1			*3				IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
3	305 ACTUAL RATE		SALARY PER		PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANRI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY		310	315	320	325		MM/DD/YY		330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416		425	426			430		435			440	445	450	455		
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE		
	505	510	515	520		525	530	535		540	545	550		555		560		565		
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
	603	605 MM/YY	606 DA6	HRS	HDTH	607 DA6	HRS	HDTH	615	620 DA6	HRS	HDTH	625 DA6	HRS	HDTH	630	635	636	645	655
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG							
	MOS	HOURS	AS OF	1) / / THRU / /																
			MM/DD/YY	2) / / THRU / /																
				3) / / THRU / /																
				710	HH	DD	YY	HH	DD	YY	HOURS	HDTH	715	MM/YY	720	725	726	730	735	740

- \*1 First day on NDI benefits (date approved on DE 8500A by EDD.) If employee is on payroll for a portion of the day due to sick leave, vacation, holiday or CTO credits, enter the number of hours on the payroll. If employee was off the payroll for the entire day, enter "BOB."
- \*2 Do not complete if employee is paid by positive attendance (roll code 3-8).
- \*3 This item is required if employee is participating in the Annual Leave Program.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

892 – Last Day on Pay Status (Required)

952 – Case No. and Date of Action

960 – Corrected Transaction Identifier

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

Section 3.232: LEAVE OF ABSENCE REGULAR OR STATE DISABILITY INSURANCE (Revised 06/22)

# S50

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>							
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>							
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE		
	105	110	111	120	121	122	123	124	126	130	135	140	145							
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	*2			215					IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID	IND ID		
3	305 ACTUAL RATE		SALARY PER		PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANRI DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATOR DATE		
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY		330	335	340	345	350	355	356						
4	TIME BASE	APPT TENURE	#NOS	APPOINTMENT DATE	EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416			425	426		430		435			440	445	450	455		
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
	505	510	515	520	525	530	535	540	545			550	555	560	565					
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
	*1	605 MM/YY	606 DAE	HRS	HDTH	607 DAE	HRS	HDTH	615	620 DAE	HRS	HDTH	625 DAE	HRS	HDTH	630	635	636	645	655
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	705	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD	YY	MM DD	YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740	

\*1 This item is conditional for exempt employees.

\*2 For consecutive S50 transactions refer to PAM pages 2.35 and 2.86.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S50

# S51

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	ARRIV DATE			
	105	110	111	120	121	122	123	124	126	130	135	140	145							
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID				
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WVG	PAY LETTER #	PAY LETTER EXPIRATOR DATE			
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356							
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430	435	440	445	450	455								
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE	
	505	510	515	520	525	530	535	540	545	550	555	560	565							
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IN/RED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	SERIAL	SEPARATION EXPIRATION DATE		HOURS	FIX MAINTENANCE FIRST/FEDAL DED MONTHLY DED.		
	603	605 MM/YY	606 DAG	HRS	HDTH	607 DAG	HRS	HDTH	615	620 DAG	HRS	HDTH	625 DAG	HRS	HDTH	630	635	645	655	
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM	DD	YY	MM	DD	YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735

\*1 Refer to PTM Section 480.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

865 – Military Substantiation (Required)

871 – Right of Return Designation (Required for Civil Service Employee Only)

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay At Alternate Salary Rate

964 – Military Service Dates

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)
2. S51 granted for civil service employee

# S52

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>						
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE	
	105	110	111			120	121	122	123	124	126	130	135	140	145				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215			351				IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNE DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY		330	335	340	345	350	355	356					
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE			
	405	410	415	416		425	426		430	435	440	445	450	455					
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/HED	RETIREMENT RATE (%)		EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE DATE			
	505	510	515	520		525	530		535	540	545	550		555	560	565			
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INH/ED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED		
	603	605 MM/YY	606 DAE	HRS	HDTH	607 DAE	HRS	HDTH	615	620 DAE	HRS	HDTH	625 DAE	HRS	HDTH	630	635	636	645
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF		1) / / THRU / /				715 MM/YY	720	725		726		730	735 740			
			MM/DD/YY		710	MM	DD	YY	MM	DD	YY	HOURS	HDTH						

\*1 Refer to PTM Section 485.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

865 – Military Substantiation (Required)  
877\* – Lump Sum Payment Deferral  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay At Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)
2. S52 granted for civil service employee

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\* Refer to PAM Section 5.76 for documentation instructions

# S53

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>				
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	ANNIV DATE
	105	110	111	120	121	122	123	124	126	130	135	140	145				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
	205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430	435	440	445	450	455					
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE			
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMPED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DEED MONTHLY DEED.				
	603	605 MM/YY	606 DAB HRS HDTH	607 DAB HRS HDTH	615	620 DAB HRS HDTH	625 DAB HRS HDTH	630	635	636	645	655					
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG						
	MOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740		

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

865 – Military Substantiation (Required)

871 – Right of Return Designation (Required for Civil Service Employee Only)

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)
2. S53 granted for civil service employee

Section 3.240: LEAVE OF ABSENCE MILITARY \*1 TEMPORARY – 30 DAYS OR LESS;  
 UNDER CCR 599.781 (Revised 06/22)

# S54

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>						
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID	
	105	110	111			120	121	122	123	124	126	130	135	140	142				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215			IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
3	305 ACTUAL RATE		SALARY PER		PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY		330	335	340	345	350	355	356					
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT DATE	EXPIRATION HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX		PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430		435	440	445	450	455						
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH		NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE		JOB INCURRED INJURY					
	505	510	515	520	525	530	535	540	545	550	555	560	565	565					
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHIBIT	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
	603	605 MM/YY	606 DMS	HRS	HDTH	607 DMS	HRS	HDTH	615	620 DMS	HRS	HDTH	625 DMS	HRS	HDTH	630	635	636	645
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG								
	705	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY	MM/YY	720	725	726	730	735	740					

\*1 Use only to place employee on temporary leave effective immediately after an S49 Transaction (see PAM pages 3.136 or 5.30 for documenting temporary leaves for other reasons.)

\*2 Separation expiration date cannot exceed 30 calendar days from effective date in Item 210.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

# S55

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>								
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>								
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
	105	110	111	120	121	122	123	124	126	130	135	140	142								
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
	205	210	215	351	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID			
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356								
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		HOURS		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416	425	426	430	435	440	445	450	455									
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE
	505	510	515	520	525	530	535	540	545	550	555	560	565								
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID (S) (V)		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	UNIT	SERIAL	SEPARATION EXPIRATION DATE		HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.			
	603	605 MM/YY	606 DAG	HRS	HDTH	607 DAG	HRS	HDTH	615	620 DAG	HRS	HDTH	625 DAG	HRS	HDTH	630	635	645	655		
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG							
	HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM	DD	YY	MM	DD	YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740

\* PER G.C. 19991.2 – Technical Cooperation Program, Peace Corps, Vista  
 PER G.C. 19991.9 – Veterans Education  
 PER G.C. 19991.8 – Civilian War work, U.S. Merchant Marine, Full Time Duty with American Red Cross, Military Substitution Service

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

866 – Leave of Absence Substantiation, Special  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S55

Section 3.244: LEAVE OF ABSENCE\*1 SPECIAL – JOB INCURRED INJURY OR ILLNESS  
 (PER G.C. 19991.4) OR PER LC 4656 (C) (1) OR (2) (Revised 06/22)

# S56

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>						
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
	105	110	111	120	121	122	123	124	126	130	135	140	142						
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	IND	ID		
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNT DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306	310	315	320	325	330	335	340	345	350	355	356							
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE		FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
	405	410	415	416	425	426	430	435	440	445	450	455							
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
	505	510	515	520	525	530	535	540	545	550	555	560	565						
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		HOURS	FIX MAINTENANCE FIRST/FINAL DED	MONTHLY DED.
	603	605	606	607	615	620	625	630	635	636	645	655							
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	705	706	707	710	711	712	713	714	715	720	725	726	730	735	740				

\* 1 Exempt employees are not eligible for this type of leave.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

866 – Leave of Absence Substantiation (Required)

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. S56

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\* Refer to PAM Section 5.76 for documentation instructions

# S57

1. Temporarily off payroll pending investigation of injury or illness\*1  
or
2. Involuntary leave pending disability retirement

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
<b>1</b>	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CB ID		
	105	110	111			120	121	122	123	124	126	130	135	140	142					
<b>2</b>	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS										
	205	210	215			215				IND	ID	IND	ID	IND	ID	IND	ID	IND	ID	
<b>3</b>	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE			
	306 TOTAL SALARY	310	315	320	325		MM/DD/YY		330	335	340	345	350	355	356					
<b>4</b>	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		HOURS	CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE		FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416		425	426	430		435		440	445	450	455					
<b>5</b>	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE		DATE
	505	510	515	520		525	530	535		540	545	550	555		560		565			
<b>6</b>	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
	603	605 MM/YY	606 DAE	HRS	HDTH	607 DAS	HRS	HDTH	615	620 DAE	HRS	HDTH	625 DAE	HRS	HDTH	630	635	636	645	655
<b>7</b>	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS								SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
	HOS	HOURS	AS OF	1) / / THRU / /		2) / / THRU / /		3) / / THRU / /		710 MM DD YY	MM DD YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740

\*1 DO NOT USE for Agricultural Associations or California Conservation Corps. (CCC) employees.

\*2 Item 645 – Separation Expiration Date, cannot exceed one year from effective date in Item 210 (or cannot exceed appointment expiration date of a temporary employee).

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

- 957 – Other Eligibility Substantiation
- 958 – Separation Time To Be Paid Substantiation
- 960 – Corrected Transaction Identifier
- 962 – Separation Pay at Alternate Salary Rate
- 999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee’s final pay  
(see PAM page 2.151)

# S70

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>			
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>			
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID		
		105	110	111	120	121	122	123	124	126	130	135	140	142		
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS							
		205	*1 <input type="radio"/>	*1 <input type="radio"/>	215	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE	
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356		
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE
		405	410	415	416		425	426	430		435			440	445	450
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE	
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IMMED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.		
		603	605 MM/YY	606 DAG HRS HDTH	607 DAG HRS HDTH	615	620 DAG HRS HDTH	625 DAG HRS HDTH	630	635	636	645		655		
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG				
		NOS <input type="radio"/>	HOURS <input type="radio"/>	AS OF <input type="radio"/>	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD YY MM DD YY	HOURS HDTH	715 MM/YY	720	725	726	730	735	740

\*1 If NDI benefits should be paid for the day of separation, the effective date of the S70 Transaction should be changed to the next day "BOB". IN ALL OTHER CASES the S70 Transaction must be effective at the close of business and there should be no entry in "HOURS."

\*2 S70 Transaction occurring after an S30, S32 or S33 Transaction is not required to be reported.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
888 – Sick Leave at Retirement (Required)  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

# S71

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>										
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>										
1	TO	SOCIAL SECURITY	EMPLOYEE LAST NAME	FIRST NAME AND MIDDLE INITIAL	POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID									
		105	110	111	120	121	122	123	124	126	130	135	140	142									
2	TO	TRANSACTION CODE	EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS														
		205	210	*2 <input type="radio"/>	*2 <input type="radio"/>	215	<input type="radio"/>		IND ID	IND ID	IND ID	IND ID	IND ID	IND ID									
3	TO	305 ACTUAL RATE	SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE								
		306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356									
4	TO	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE							
		405	410	415	416		425	426	430		435			440	445	450	455						
5	TO	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/HED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE		JOB INCURRED INJURY									
		505	510	515	520	525	530	535	540	545	550	555	560	565	565	565							
6	TO	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY INHED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.						
		603	605 MM/YY	606 D/A6	HRS	HDTH	607 D/A6	HRS	HDTH	615	*3 <input type="radio"/>	(S) <input type="radio"/>	(V) <input type="radio"/>	620 D/A6	HRS	HDTH	625 D/A6	HRS	HDTH	630	635	636	645
7	TO	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG											
		HOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MM DD	YY MM DD	YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740				

- \*1 S71 Transaction occurring after an S30, S32 or S33 Transaction is not required to be reported.
- \*2 If NDI benefits should be paid for the day of separation, the effective date of the S71 Transaction should be changed to the next day "BOB". IN ALL OTHER CASES the S71 Transaction must be effective at the close of business and there should be no entry in Item 210 – "HOURS."
- \*3 Employee is entitled to lump sum sick leave payment if S71 Transaction is due to a WCTD/IDL injury/illness (G.C. 19991.4) and there is a sick leave balance.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
888 – Sick Leave at Retirement (Required)  
952 – Case No. and Date of Action  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

Section 3.252: OTHER SEPARATION\*1, TERMINATION – ILLEGAL APPOINTMENT  
 (PER G.C. 19257 OR G.C 19257.5 (Revised 06/22))

# S80

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>																	
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>																	
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID													
	105	110	111			120	121	122	123	124	126	130	135	140	142															
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS																				
	205	210	215							IND	ID	IND	ID	IND	ID	IND	ID													
3	305 ACTUAL RATE		SALARY PER		PAY FREQ		BASED ON SALARY		PLUS SALARY		EXPIRATION DATE OF PLUS SALARY		ANNU DATE		ALTERNATE RANGE		PAYROLL STATUS		SHIFT DIFF		SPECIAL PAY		WWG		PAY LETTER #		PAY LETTER EXPIRATION DATE			
	310	315	320	325		MM/DD/YY		330		335		340		345		350		355		356										
4	TIME BASE		APPT TENURE		#MOS		APPOINTMENT EXPIRATION DATE		HOURS		CERT #		TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE		MCR APPROVAL CODE		FORM		DATE		SEX		PRIOR STATE SERVICE		DISABILITY CODE	
	405	410	415	416		425		426		430		435		440		445		450		455										
5	ACCOUNT CODE		SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED		RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH		NON CITIZEN		MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE		JOB INCURRED INJURY CODE		DATE			
	505	510	515	520		525		530		535		540		545		550		555		560		565		565						
6	REASON FOR SEPARATION		PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED		LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT		SERIAL		SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.					
	603	605 MM/YY	606 DA6	HRS	HDTH	607 DA6	HRS	HDTH	615	620 DA6	HRS	HDTH	625 DA6	HRS	HDTH	630	635	636	645	655										
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS								SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG											
	705	HOURS	AS OF	MM/DD/YY	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 HH	DD	YY	HH	DD	YY	HOURS	HDTH	715 MM/YY	720	725	726	730	735	740								

\*1 This transaction is initiated by Personnel Operations after notification by SPB. The appointing power will be contacted for any additional information necessary to complete this transaction.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

872 – Salary Increase Certification

877\* – Lump Sum Payment Deferral

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

# S85

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>				
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>				
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID
	105	110	111	120	121	122	123	124	126	130	135	140	142				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS								
	205	210	215	351	352												
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY	PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE		
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY	330	335	340	345	350	355	356				
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416	425	426	430	435	440	445	450	455					
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE			
	505	510	515	520	525	530	535	540	545	550	555	560	565				
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)	TIME TO BE PAID (OLD)	PAY IN/RED	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL MONTHLY DED.				
	603	605 MM/YY	606 DAS HRS HDTH	607 DAS HRS HDTH	615	620 DAS HRS HDTH	625 DAS HRS HDTH	630	635	636	645	655					
7	TOTAL STATE SERVICE				INTERMITTENT DATE & HOURS				SERVICE PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG					
	HOS	HOURS	AS OF		1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	715 MM/YY	720	725	726	730	735	740			

❖ See PAM Section 5 for information on documenting Decision of SPB After Appeal.

\*1 Effective Date is considered “BOB” unless “Hours” are completed. “COB” must be entered when employee is suspended at close of business.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

874 – Adverse Action and Rejection Substantiation (Required)

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay  
(see PAM page 2.151)
2. Adverse Actions

Section 3.256: OTHER SEPARATION REJECTION DURING PROBATION PERIOD\*1 (Revised 06/22)

# S90

													005 SEQUENCE NUMBER <input type="radio"/> OF <input type="radio"/>						
													010 DOCUMENT PROCESSING NUMBER <input type="radio"/>						
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CB ID	
	105	110	111			120	121	122	123	124	126	130	135	140	142				
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS									
	205	210	215							IND	ID	IND	ID	IND	ID	IND	ID	IND	ID
3	305 ACTUAL RATE		SALARY PER		PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNE DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATOR DATE	
	306 TOTAL SALARY	310	315	320	325	MM/DD/YY		330	335	340	345	350	355	356					
4	TIME BASE	APPT TENURE	#HOS	APPOINTMENT EXPIRATION DATE		HOURS		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD ENDING DATE		MCR APPROVAL CODE FORM		DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE	
	405	410	415	416		425		426	430		435		440	445	450	455			
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE EXPIRATION DATE		JOB INCURRED INJURY CODE DATE
	505	510	515	520		525	530		535		540	545	550		555		560		565
6	REASON FOR SEPARATION	PAY PERIOD		TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IMMED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE		LUMP SUM UNIT SERIAL		SEPARATION EXPIRATION DATE HOURS		FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.
	603	605 MM/YY		606 DAS HRS HDTH		607 DAS HRS HDTH		615	620 DAS HRS HDTH		625 DAS HRS HDTH		630		635 636		645		655
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS						SERVICE PAY PERIOD		SPECIAL PLUS		REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG			
	MOS	HOURS	AS OF	1) / / THRU / /		2) / / THRU / /		3) / / THRU / /		715 MM/YY		720		725		726 730		735 740	

\*1 See PAM Section 5 for information on documenting Decision of SPB After Appeal.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

871 – Right of Return Designation

872 – Salary Increase Certification

874 – Adverse Action and Rejection Substantiation (Required)

877\* – Lump Sum Payment Deferral

952 – Case No. and Date of Action

958 – Separation Time To Be Paid Substantiation

960 – Corrected Transaction Identifier

962 – Separation Pay at Alternate Salary Rate

999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)
2. Rejection during probation (S90)

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\* Refer to PAM Section 5.76 for documentation instructions

# S95

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>							
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>							
1	SOCIAL SECURITY		EMPLOYEE LAST NAME		FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COURTY CODE	OTHER POSITION	BIRTH DATE	OPED CBID			
	105	110	111	120	121	122	123	124	126	130	135	140	142							
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS		EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
	205	210	215	351	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID	ID				
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY	ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	306 TOTAL SALARY	310	315	320	325	MN/DD/YY	330	335	340	345	350	355	356							
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE	HOURS	CERT #	TYPE OF LIST OR EXAM STATUS	PROBATIONARY PERIOD CODE	ENDING DATE	HCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE					
	405	410	415	416	425	426	430	435	440	445	450	455								
5	ACCOUNT CODE	SAFETY MEMBER	SURVIVORS BENEFITS	SS/MED	RETIREMENT RATE (%)	EXEMPT AUTHORITY	OATH	NON CITIZEN	MEDICAL CLEARANCE	FINGERPRINT	PROFESSIONAL LICENSE TYPE	EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE						
	505	510	515	520	525	530	535	540	545	550	555	560	565							
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY 3RD	LUMP SUM TO BE PAID	LUMP SUM EXTRA HRS	LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE	HOURS	FIX MAINTENANCE FIRST/FINAL DED MONTHLY DED.					
	603	605 MN/YY	606 DAS	HRS	HDTH	607 DAS	HRS	HDTH	615	(S) (V)	620 DAS	HRS	HDTH	625 DAS	HRS	HDTH	630	635	636	645
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS				SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS	REEMPLOYMENT LIST ELIG									
	NOS	HOURS	AS OF	1) / / THRU / /	2) / / THRU / /	3) / / THRU / /	710 MN DD YY	715 MN/YY	720	725	726	730	735	740						

\*1 For an employee employed in more than one position, appointing power(s) should coordinate the processing of separations from all positions.

\*2 Refer to PAM Pages 5.102, 6.1, 6.8, 6.11, 8.8 and 10.16.1 for special instructions.

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

872 – Salary Increase Certification  
877\* – Lump Sum Payment Deferral  
880 – Time of Death (Required)  
958 – Separation Time To Be Paid Substantiation  
960 – Corrected Transaction Identifier  
962 – Separation Pay at Alternate Salary Rate  
999 – Deduction Information

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. Certain deductions or payments to be made from employee's final pay (see PAM page 2.151)

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\* Refer to PAM Section 5.76 for documentation instructions

# S99

													005 SEQUENCE NUMBER <input type="text"/> OF <input type="text"/>								
													010 DOCUMENT PROCESSING NUMBER <input type="text"/>								
1	SOCIAL SECURITY		EMPLOYEE LAST NAME			FIRST NAME AND MIDDLE INITIAL			POSITION NUMBER				DEPT CODE	CB ID	COUNTY CODE	OTHER POSITION	BIRTH DATE	OPEB CBID			
	105	110	111			120	121	122	123	124	126	130	135	140	142						
2	TRANSACTION CODE		EFFECTIVE DATE AND HOURS			EMPLOYMENT HISTORY REMARKS				ESTABLISHED EARNINGS											
	205	210	*2			215				351	IND	ID	IND	ID	IND	ID	IND	ID			
3	305 ACTUAL RATE		SALARY PER	PAY FREQ	BASED ON SALARY		PLUS SALARY	EXPIRATION DATE OF PLUS SALARY		ANNU DATE	ALTERNATE RANGE	PAYROLL STATUS	SHIFT DIFF	SPECIAL PAY	WWG	PAY LETTER #	PAY LETTER EXPIRATION DATE				
	306 TOTAL SALARY	310	315	320	325		MM/DD/YY		330	335	340	345	350	355	356						
4	TIME BASE	APPT TENURE	#MOS	APPOINTMENT EXPIRATION DATE		HOURS		CERT #	TYPE OF LIST OR EXAM STATUS		PROBATIONARY PERIOD CODE		ENDING DATE	MCR APPROVAL CODE	FORM	DATE	SEX	PRIOR STATE SERVICE	DISABILITY CODE		
	405	410	415	416		425		426	430		435		440	445	450	455					
5	ACCOUNT CODE	SAFETY MEMBER		SURVIVORS BENEFITS		SS/MED	RETIREMENT RATE (%)		EXEMPT AUTHORITY		OATH	NON CITIZEN	MEDICAL CLEARANCE		FINGERPRINT		PROFESSIONAL LICENSE TYPE		EXPIRATION DATE	JOB INCURRED INJURY CODE	DATE
	505	510	515	520		525	530		535		540	545	550		555		560		565		
6	REASON FOR SEPARATION	PAY PERIOD	TIME TO BE PAID (NEW)		TIME TO BE PAID (OLD)		PAY IN/RED	LUMP SUM TO BE PAID		LUMP SUM EXTRA HRS		LUMP SUM PAYMENT CODE	LUMP SUM UNIT	LUMP SUM SERIAL	SEPARATION EXPIRATION DATE		HOURS		FIX MAINTENANCE FIRST/FINAL DED		MONTHLY DED.
	603	605 MM/YY	606 DAG	HRS	HDTH	607 DAG	HRS	HDTH	615	620 DAG	HRS	HDTH	625 DAG	HRS	HDTH	630	635	645	655		
7	TOTAL STATE SERVICE			INTERMITTENT DATE & HOURS								SERVICE PAY PERIOD	SPECIAL PLUS	REEMPLOYMENT LIST CLASS		REEMPLOYMENT LIST ELIG					
	NOS	HOURS	AS OF	1) / / THRU / /								715 MM/YY	720	725		726		730		735	

- \*1 The S99 Transaction is used to cancel an employees ONLY appointment to the data base or ONLY appointment to an additional position when:
  - a. The employee did not report to work; or
  - b. The employee was erroneously appointed

NOTE: S99 is not used for an incorrect effective date (Refer to PAM 10.14-10.14.1 for voiding only appointment in history because effective date of appointment should be posted with an earlier effective date.)

S99 is not used when social security number is keyed incorrectly (Refer to PAM 3.104 and 10.9 when error is discovered on the social security number.)

Refer to Section 9 when voiding an appointment for a Position that has existing history on the data base.

- \*2 This transaction must be effective the same date and hour(s) as the appointment being cancelled. If the appointment effective date "Hours" box is blank, "BOB" must be entered.
- \*3 Entry must be "NON."

Symbol	Meaning
=	Required – MUST be completed
○	Conditional – MUST be completed when required by ITEM DEFINITION
●	One Or More Required Items – ONE or MORE of these items on this chart MUST be completed for a valid transaction.

**Lines 8 – 9 Items**

960 – Corrected Transaction Identifier

**Line 10 Remarks and Backup Information**

Refer to PAM pages 2.201 – 2.205 for specific substantiation required on:

1. S99